

FOR STATE
HEALTH DEPT.

08207

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Items 2, 10 & 11 Film 413
6/23/69 kk

08200

1. DECEASED-NAME (Type or Print) Baker			First Newton			Middle Forney			Last			2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month 6 Day 15 Year 1969			2b. HOUR 3:00 AM		
3. SEX M		4. RACE W		5. DATE OF BIRTH Mar. 31, 1907		6. AGE (In years last birthday) 62 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month June Day 15 Year 1969			2d. HOUR 3:16 AM		
7a. BIRTHPLACE (State or foreign country)				7b. CITIZEN OF WHAT COUNTRY? USA				8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH Caroline					
10. CITY OR TOWN OF DEATH Ridgely Denton				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Moore Funeral Home 113 Franklin Street				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) meat market				12b. KIND OF BUSINESS OR INDUSTRY owner					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Penna.				13b. COUNTY Lancaster				13c. CITY OR TOWN Lancaster				13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER			
14. FATHER'S NAME First John Middle Kreider Last Forney						15. MOTHER'S MAIDEN NAME First Clara Middle Baker Last											
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes give war or dates of service) WW2						16b. SOCIAL SECURITY NO.						17. INFORMANT Mrs. Baker Forney ADDRESS Lancaster, Pa.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 min. 10 yrs.					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																	
19a. DATE OF OPERATION						19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State									
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>																	
ACTUAL SIGNATURE Frank M. Anderson				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED 6/15/69									
EXAMINER'S NAME (Type) FRANK M. ANDERSON M.D.				ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>				DEPUTY MEDICAL EXAMINER <input type="checkbox"/>									
				ADDRESS (Street, city, town, or county) Federalburg, Md.													
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE June 18 1969		23c. NAME OF CEMETERY OR CREMATORY Conestoga Mem. Park				23d. LOCATION (City or Town) (County) (State) Lancaster Pa.							
24. FUNERAL DIRECTOR CHARLES V. MOORE, DENTON, MD.						ADDRESS				25a. REC'D BY REGISTRAR JUN 17 1969		25b. REGISTRAR'S SIGNATURE William Judge					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

REPORT OF
MEDICAL EXAMINER

08207

MEDICAL EXAMINER'S REPORT OF DEATH

08207

PATIENT'S NAME		AGE		SEX		RACE		RELIGION		MARRIAGE		EDUCATION		OCCUPATION		RESIDENCE		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF EXAMINER		DATE OF REPORT	
						</																							

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Item 18. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

Item 8 Film 413 6/19/69										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
08208										MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
08201																			
1. DECEASED-NAME (Type or Print) GEORGE First Middle Last										2a. DATE KNOWN OF ESTI-DEATH MATED <input checked="" type="checkbox"/> 6/9/69 19 1130 M									
3. SEX M 4. RACE W 5. DATE OF BIRTH MAR. 14, 1896 6. AGE (in years last birthday) 73 YRS.										2c. DATE PRONOUNCED DEAD JUNE 10 Year 1969 2d. HOUR M									
7a. BIRTHPLACE (State or foreign country) MD 7b. CITIZEN OF WHAT COUNTRY? USA B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>										9. COUNTY OF DEATH CAROLINE Md.									
10. CITY OR TOWN OF DEATH DENTON 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)										12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) CIVIL SERVICE 12b. KIND OF BUSINESS OR INDUSTRY FED. GOVT.									
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE MD 13b. COUNTY CAROLINE 13c. CITY OR TOWN DENTON 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										13e. STREET AND NUMBER									
14. FATHER'S NAME CYRIL First Middle Last MARTINAK 15. MOTHER'S MAIDEN NAME First Middle Last ANNA KLESAL																			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes give way or dates of service) WW2 16b. SOCIAL SECURITY NO.										17. INFORMANT W.A. STEWART WRIGHT ADDRESS DENTON MD.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 4339 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c) generalized arteriosclerosis										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes 3 yrs 20yrs									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Alcoholism 1st and 3rd degree burns on face and upper chest and upper abdomen																			
19a. DATE OF OPERATION										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH 1130 P.M. 6/9/69										21b. TIME OF INJURY Month, Day, Year 6/9/69									
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Fell over grate in floor furnace																			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) home										21f. LOCATION Street or R.F.D. No. City or Town County State RFD Denton Carline Maryland									
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>																			
ACTUAL SIGNATURE Harold B. Plummer M.D.										22b. DATE SIGNED 6/13/69									
EXAMINER'S NAME (Type) Harold B. Plummer M.D.										ADDRESS (Street, city, town, or county) Preston Carline									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JUN 12, 1969										23c. NAME OF CEMETERY OR CREMATORY DENTON									
23d. LOCATION (City or Town) (County) (State) DENTON CAR. MD.																			
24. FUNERAL DIRECTOR CHARLES MOORE ADDRESS DENTON MD.										25a. REC'D BY REGISTRAR JUN 17 1969									
										25b. REGISTRAR'S SIGNATURE Charles Judge									

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

08209

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08202

1. DECEASED-NAME (Type or print) Fannie S. Marvel			2a. DATE OF DEATH June Month 4 Day 1969 Year			2b. HOUR 3P. M			
3. SEX Female		4. RACE White		5. DATE OF BIRTH Feb. 24, 1899		6. AGE (In years last birthday) 70 YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.			
10. CITY OR TOWN OF DEATH Ridgely		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Ridgely		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER None	
14. FATHER'S NAME First Middle Last Elbert J. Saunders			15. MOTHER'S MAIDEN NAME First Middle Last Alice P. Dennison						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address William D. Marvel Jr. Ridgely, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure 4122 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary Disease DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Hypertensive Cardio-vascular Disease								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from Sept. 18, 1968 , to June 4, 1969 , that (I) (we) last saw the deceased alive on June 4, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (do) (did not) view the body after death.									
22b. SIGNATURE Charles H. Stonestifer, M.D. DEGREE 22d. PHYSICIAN'S NAME (Type)				22c. DATE SIGNED June 6 '69		22e. ADDRESS Greensboro, Md. 21639			
23a. BURIAL, CREMATION, REMOVAL Burial		23b. DATE 6-7-69		23c. NAME OF CEMETERY OR CREMATORY Denton		23d. LOCATION (City or Town) (County) (State) Denton Caroline, Md.			
24. FUNERAL DIRECTOR J.E. Boulais ADDRESS Greensboro, Md.				25a. REC'D BY REGISTRAR DATE JUN 11 1969		25b. REGISTRAR'S SIGNATURE Charles Judge			

08203

08203

EXHIBIT TO DEATH CERTIFICATE

State of New York
County of New York
In and for the City and County of New York
I, the undersigned, Clerk of the County of New York, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of the County of New York.
Witness my hand and the seal of the County of New York at New York, this 1st day of January, 1900.
Clerk of the County of New York

Attest:
Notary Public for the County of New York
My Commission Expires January 1st, 1901
Notary Public for the County of New York
My Commission Expires January 1st, 1901

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or print)			First Middle Last CARVIL OSCAR SHOCKLEY			2a. DATE OF DEATH Month Day Year June 9 1969		2b. HOUR 7:10 A.M.	
3. SEX Male		4. RACE White		5. DATE OF BIRTH Feb. 25, 1932		6. AGE (In years last birthday) 37 YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 MRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Greensboro, Md.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.			
10. CITY OR TOWN OF DEATH Federalsburg		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) West Central Avenue		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Crane Operator		12b. KIND OF BUSINESS OR INDUSTRY Construction			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Federalsburg		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Houston Branch Road	
14. FATHER'S NAME First Middle Last Carvil O. Shockley			15. MOTHER'S MAIDEN NAME First Middle Last Laura Elliott						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		(If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 212-30-3253		17. INFORMANT Address Mark Shockley, Federalsburg, Md., RFD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>history of previous myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Old osteomyelitis left leg</u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from <u>10-25-65</u> , 19____, to <u>6-9-69</u> , 19____, that (I) (we) last saw the deceased alive on <u>6-9-69</u> , 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <u>Frank M. Anderson M.D.</u>				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 6-10-69			
22d. PHYSICIAN'S NAME (Type) Frank M. Anderson M.D.				22e. ADDRESS Federalsburg, Md. 21632					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 12, 1969		23c. NAME OF CEMETERY OR CREMATORY Greensboro Cemetery		23d. LOCATION (City or Town) (County) (State) Greensboro, Maryland			
24. FUNERAL DIRECTOR <u>from Frampton H.</u>				ADDRESS Frampton Funeral Home, Federalsburg, Maryland		25a. REC'D BY REGISTRAR DATE JUN 13 1969		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

08211

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08204

1. DECEASED-NAME (Type or print)		First CORA	Middle BERNICE	Last TURNER	2a. DATE OF DEATH Month Day Year June 23 1969		2b. HOUR 11:30 P.	
3. SEX Female		4. RACE White		5. DATE OF BIRTH February 2, 1890		6. AGE (In years last birthday) 79 YRS.		IF UNDER 1 YEAR MONTHS DAYS
7a. BIRTHPLACE (State or foreign country) Delaware		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.		
10. CITY OR TOWN OF DEATH Preston		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Harmony Road		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Preston		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER R.F.D. (Harmony Road)
14. FATHER'S NAME First Middle Last Nichols Covey		15. MOTHER'S MAIDEN NAME First Middle Last Nicey Nichols						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, <input checked="" type="checkbox"/> (or unknown) (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 215-26-4107		17. INFORMANT Address Dorothy P. Turner, Columbus, Ohio				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary edema</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Chronic Congestive Cardiac decompensation</u> DUE TO, OR AS A CONSEQUENCE OF <u>Arteriosclerotic Heart Disease</u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>15 yrs</u>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <u>Acute upper respiratory Disease generalized arteriosclerosis</u>								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that (I) (this hospital) attended the deceased from <u>6/23/69</u> 19 <u>69</u> , to <u>6/23/69</u> 19 <u>69</u> , that (I) (we) lost the deceased on <u>6/23/69</u> 19 <u>69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <u>[Signature]</u>		22c. DATE SIGNED 6/28.69		22d. PHYSICIAN'S NAME (Type) Harold B Plummer M.D.				
22e. ADDRESS Preston Maryland								
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 27, 1969		23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery		23d. LOCATION (City or Town) (County) (State) Near Federalsburg, Maryland		
24. FUNERAL DIRECTOR Frampton Funeral Home, Federalsburg, Maryland		25a. REC'D BY REGISTRAR JUL 3 1969		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>				

CSAO